Floating Kidney.

A careful and learned study of "Floating Kidney," a subject of great general interest, has lately appeared from the pen of Dr. LEOPOLD LANDAU.[1] The frequency with which "so-called movable kidneys" are observed in the living subject, and the rarity with which they are seen in the dead-house, have induced some to question their reality; while personal experience of one or more cases in which they have led to more or less serious symptoms has lately induced others to advise their removal on small provocation. The frequency of their occurrence in women is a point which certainly requires explanation. All the bearings on this subject are dealt with in a treatise of some hundred pages.

In discussing the mechanism of the displacement, the author considers the normal fixation of the kidney, and lays much stress on the intra-abdominal relations of pressure, pointing out the interesting fact that, although the kidneys generally remain *in situ* on opening the abdomen, and raising the body upright, by means of their attachments, in some cases they become more or less dislocated, as was pointed out by Sappey. The cases in which diagnosis of a movable kidney during life has been followed by a *post-mortem* discovery of the kidneys *in situ* by no means disprove the correctness of the diagnosis, considering that the kidney, which can during life be pushed into its normal place, may sink there in the recumbent position after death, and become fixed by the setting of the fat round it. Seventeen autopsies of dislocated kidneys are given. The etiology is to be found by referring to the forces which normally fix the kidney; these are two in number: the arrangement of the attachments of the kidney and the intra-abdominal relations of pressure. Whatever disturbs either of these favours dislocation. The commonest of these predisposing causes are emaciation, abscess in the neighbourhood, and loss of firmness and elasticity in the abdominal walls. The exciting causes may be jerks or the traction of viscera (especially the colon) in a belly more or less pendulous; but we cannot follow the author in including such firm pressure as bearing down of all sorts. The connection of hydronephrosis with movable kidney is obvious, and is borne out by numerous facts; the connection of hydronephrosis with pelvic tumours, with pelvic cicatrices, and with procidentia uteri has been observed, but our author includes flexions of the non-pregnant uterus, and refers to two cases, which, he says, "convincingly prove" this. We have referred to one of these, and find ourselves less convinced than before, the case not having furnished an autopsy, and the relation of one condition to the other being based upon pure theorizing. The other we cannot find in the medical libraries of London.

Dr. Landau discusses the corset and acquits this popular scapegoat. With regard to the frequency of right-sided affection, he finds the explanation of this in the firmer attachments of the left kidney, which are considered principally in connection with those of the colon, but also of the duodenum and pancreas. The symptoms are regarded from the point of view of the nervous, vascular, digestive, and urinary systems. Under the first the increased pain in movable kidneys at the menstrual period is brought into relation with the "aching kidney" of Duncan. A remark is made, which seems to us wise and most pregnant, with regard to all alleged mutual pressures of neighbouring organs, a force constantly invoked for the explanation of pelvic symptoms, that the kidney has not *weight* but *specific gravity*, an expression to be understood, of course, not with reference to water but to the intra-abdominal pressure, and to be remembered in the case of all internal organs. The phenomena of strangulation ("Einklemmungserscheinungen") in a floating kidney meet with the attention they deserve. The German name has not, to our knowledge, an exact English equivalent in use. The symptoms usually follow exertion or quick movement, and consist of severe pain, collapse, vomiting, high-coloured and scanty urine, sometimes containing blood, some fever, together with the rapid growth of a large dull tumour in the region of the floating kidney. The symptoms increase in from four to six days, the tumour disappearing in one or two weeks. The first sign of recovery is the plentiful secretion of urine of low specific gravity. These phenomena are referred by the author to torsion, or angular flexion of the renal vessels, especially the renal vein; and this view is illustrated by diagrams of actual experiments. The favourable termination of these cases is explained by the fact that, even if the torsion or angular flexion is not obliterated, a collateral circulation is established, even after ligature of the renal vein. This view is supported by a *post-mortem* observation by Mosler. It covers the connection between movable kidney and hydronephrosis, either temporary or permanent, a connection supported by facts. It can be easily understood how obstruction by flexion of the ureter may be relieved by the supine decubitus, especially if tension be diminished by aspiration. The author lays stress on the untrustworthiness of percussion in the diagnosis of movable kidneys, and gives cases where no difference could be detected between the two sides, even after excision of a kidney; a remark of Skoda's, that resistance rather than resonance is to be relied on in percussing the kidney, points in the same direction. The author ventures to assert that auscultation will detect a whistling murmur in cases of torsion of the vessels, a supposition which the analogy of ovarian tumour with twisted pedicle does not as yet confirm. A floating kidney not very uncommonly disappears permanently, in other words becomes fixed again. It is easily intelligible that if emaciation (especially where rapid) and relaxation of the abdominal walls can produce luxation (as happens sometimes after childbirth), rest in the supine position, together with the production of fat, may fix the kidney in its place again. The author's experience leads him to disapprove of all special contrivances for keeping the kidney in position, and to prefer a good broad bandage, but especially the much-abused "swan-bill corset!" All such contrivances, of course, can only be palliative. With regard to the proposed extirpation of uncomplicated floating kidneys, the author makes a remark whose scope is by no means limited to this affection: "The fact that a patient, immediately after extirpation of a floating kidney, feels better and suffers no inconvenience from the floating kidney is no more astonishing than that a woman no longer suffers from menorrhagia after removal of the healthy ovaries or uterus. . . . The amputation of a normal cervix uteri or the removal of healthy ovaries, perhaps the cause of dysmenorrhœa or some other slight suffering, is not to be justified; how much more unjustifiable is the extirpation of an organ so essential to life as the kidney?" In discussing the treatment of hydronephrosis the author prefers the establishment of a fistula to extirpation, on the sensible ground that, apart from the increased risk of the latter operation, the discharge from the fistula is found to become more and more urinous, proving the partial recovery of function by the remainder. Besides, even if we are sure that the other kidney is healthy, experience shows that two kidneys are not one too many for an individual, and that many would be glad ot a larger allowance. Eight personal observations are given of the greatest interest, for which we must refer our readers to the original, only here remarking that in two cases pressure on a right kidney caused pain in the *left* lumbar region, an observation very instructive to the gynæcologist, who often finds the same phenomena in connection with the ovaries. The paper ends with a list of 45 cases, from which, on analysis, we find that 11, or about 25 per cent., had pendulous belly; 6, or about 13 per cent., had descent of uterus or vagina; 3, or about 7 per cent., had hernia; and 7, or about 15 per cent., had "retroflexion" of the uterus. Displacements of the uterus are frequently mentioned by the author, but he never uses any word but "retroflexion." If these proved to be cases of retroversion with descent, with or without retroflexion, all the above women, twenty-five in all, or more than 55 per cent., suffered from diseases associated with disturbance of the intra-abdominal relations of pressure—a most pregnant fact.—*Lancet*, April 22, 1882.

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[1] Die Wanderniere der Frauen, von Dr. Leopold Landau. Berlin, Hirschwald, 1881.

Floating Kidney in the Female.

There is a great diversity of opinion as to the pathological importance and therapeutic indications of floating kidney. The majority of clinicians regard them as anatomical curiosities, and of no clinical moment; lately, however, KEPPLER claims that a floating kidney is a continual menace to the life of the patient, and that the danger should be removed, as soon as detected, by the extirpation of the organ. Landau, in his work on this subject, gives us an analysis of forty-five cases, and arrives at conclusions opposed to those generally held. He believes, with great probability, that a movable kidney often escapes detection, or may be wrongly interpreted. It occurs generally in women between the ages of 30 and 40 years, from special predisposing causes, or from displacement by tumours, rapid diminution of fat in acute diseases, or relaxation of the abdominal walls after gestation. Habitual constipation may also be an exciting cause of displacement of the kidney, or the downward displacement of all the abdominal viscera from tight lacing may drag the kidney from its normal position. Among other exciting causes are mentioned prolapse of the genital organs, hydronephrosis and abnormal laxity of the perinephritic tissues.

Instead of explaining the symptoms as due to torsion of the renal vessels, and a consequent disturbance of the renal circulation, Landau believes that they are dependent on the varying facilities of excretion depending upon the different degrees of torsion or flexion of the ureters.

This is the most satisfactory explanation of the colicky pains and hydronephrosis often accompanying movable kidneys. Palpation furnishes the most reliable means of arriving at a diagnosis. Landau believes that a movable kidney in no way threatens life, and that as spontaneous cures often occur, nephrectomy is not a justifiable operation, especially since of the six cases, thus operated on up to the end of 1880, three were fatal.

In order to render the kidney immovable, Landau employs a corset descending to the pubes, and electricity, massage, and sea-baths to increase the tone of the abdominal walls. Complications are not regarded by Landau as generally fatal, and he only recommends expectant treatment.—*Journ. de Méd. de Paris*, April 1, 1882.

Palpation of Vesical Calculi in Children.

In No. 11 of *Centralblatt für Chirurgie*, RICHARD VOLKMANN contributes the following concerning the diagnostic value of rectal examinations in cases of vesical calculi in children:—

The value of a rectal bimanual examination in children suffering from stone in the bladder is recognized by all. The examination is made whilst the patient is thoroughly under the influence of an anæsthetic, with complete relaxation of the abdominal parietes and the bladder but slightly distended or empty. Two fingers of the left hand are carried as high up into the rectum as possible; the right hand presses upon the abdomen above the symphysis and forces the bladder